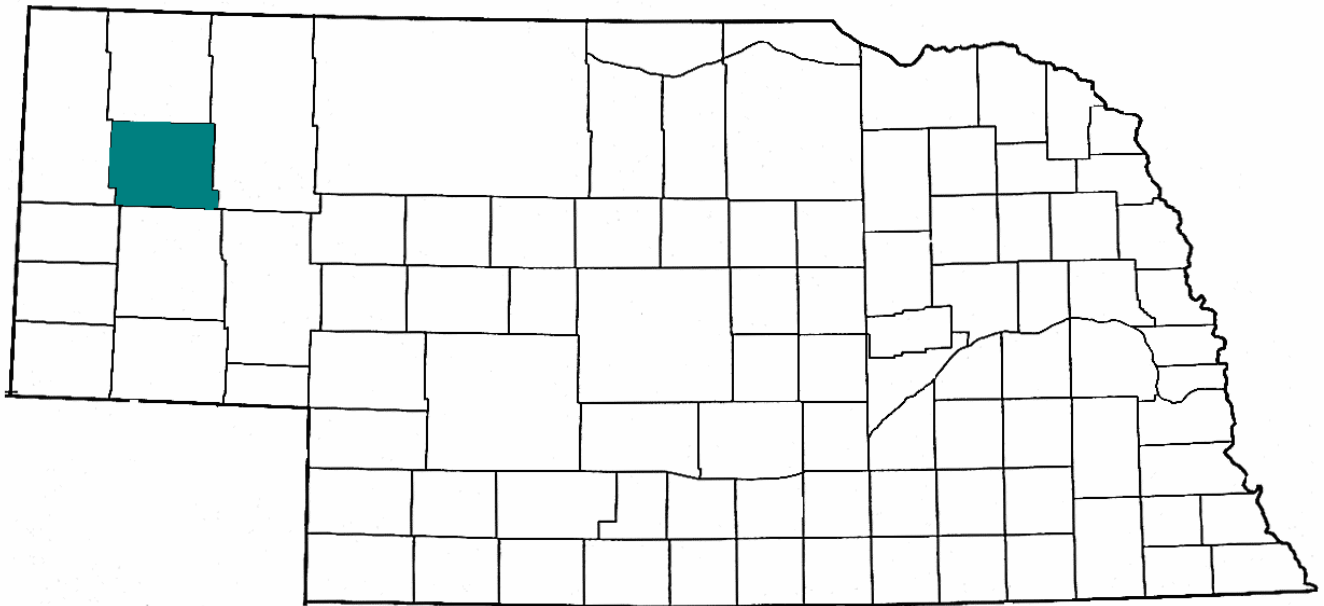


# MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

## FINDINGS FOR BOX BUTTE COUNTY NEBRASKA



MAY 2006

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

# MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

## BOX BUTTE COUNTY, NEBRASKA

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# TABLE OF CONTENTS

<b>Executive Summary .....</b>	<b>i</b>
A. Background.....	i
B. Purpose.....	i
C. Method.....	i
D. Selected Findings .....	ii
Socio-Demographic Characteristics of the Survey Population.....	ii
Health Status and Use of Health Services.....	ii
Chronic Conditions and Use of Health Services .....	iii
Women's Health .....	iii
Children's Health .....	iii
Risk Behaviors for Chronic Conditions .....	iv
Community and Workplace Concerns or Problems .....	v
E. Conclusions and Recommendations.....	v
<b>Chapter I: Introduction.....</b>	<b>1</b>
A. Background.....	1
B. Purpose of the Report.....	3
<b>Chapter II: Methodology .....</b>	<b>4</b>
A. Survey Design.....	4
B. Community Entry .....	4
C. Eligibility .....	5
D. Sampling.....	5
E. Recruitment and Selection of Survey Respondents.....	5
F. Data Collection and Editing .....	6
G. Data Analysis.....	6
H. Study Limitations .....	6
<b>Chapter III: Selected Findings from the Box Butte County MBRFSS.....</b>	<b>7</b>
A. Demographic Characteristics of Respondents.....	7
B. Health Status and Use of Preventive Health Services .....	10
C. Chronic Conditions and Use of Preventive Health Services .....	13
D. Women's Health .....	13
E. Children's Health.....	15
F. Behavioral Risk Factors for Chronic Disease .....	17
G. Access and Use of Health Services.....	20
H. Community Problems.....	25
I. Workplace Health Concerns/Human Rights .....	25
J. Chapter Summary .....	26
<b>Chapter IV: Conclusions and Recommendations .....</b>	<b>27</b>
Disparities in Health Status .....	27
Disparities in Health Promotion and Lifestyle Practices .....	28
Disparities in Access to Health Care .....	28
Disparities in Use of Preventive Health Services.....	29
Recommendations .....	29
<b>References.....</b>	<b>31</b>

# EXECUTIVE SUMMARY

## A. BACKGROUND

The elimination of health disparities, a key goal of *Nebraska Healthy People 2010*, offers a significant challenge and a unique opportunity to address the unequal burden of disease and death in Nebraska. Health disparities are the result of differential risk factor exposure and unequal access to health services experienced by various racial and ethnic groups, in addition to gaps in income and education. To address this situation, the Nebraska Health and Human Services System (NHHSS) conducts Minority Behavioral Risk Factor Surveillance Surveys (MBRFSS) in counties with emerging concentrations of ethnic minorities. Box Butte County is one of these counties, as it has a rapidly growing minority population. The minority population in the county in 2000 was 1,495, representing 12.3% of the total population. In the past decade, the minority population increased at a rate of 35% while the white population decreased by 11%. The total population in the county has also decreased from 13,130 in 1990 to 12,158 in the year 2000 (US Bureau of the Census, 1990, 2000). Hispanics/Latinos account for 62% of the county's minority population, followed by Native Americans 20%, Asians 4%, and African Americans 3% (US Bureau of the Census, 2000).

## B. PURPOSE

The main purpose of this report is to summarize findings of the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS) for Box Butte County. Findings are reported in the following areas:

- a) Lifestyle practices that represent modifiable risk factors such as tobacco, alcohol, physical activity, and weight;
- b) Health conditions such as diabetes, hypertension, and asthma;
- c) Use of preventive health services; and
- d) Access to health care, among other health issues.

The data will assist in identifying areas of health disparities so necessary strategies can be developed to correct them.

## C. METHOD

This report is based on the MBRFSS conducted in Box Butte County by the Nebraska Health and Human Services System during the summer and fall of 2003. This household survey was based on a convenience

sample designed to reflect the demographic characteristics of the areas within Box Butte County with the highest concentration of minority populations.

100 interviews were completed among Native Americans and persons of Hispanic/Latino origin. The Midwest Latino Health Research, Training, and Policy Center at the University of Illinois at Chicago engaged in data entry, analysis, and interpretation of health data collected for Box Butte County.

## D. SELECTED FINDINGS

### Socio-demographic Characteristics of the Survey Population

- o 53% of the survey respondents were Hispanic/Latino and 47% were Native American. Respondents' average age was 38.5, and they possessed an average of 10.8 years of education. The survey population experiences an unemployed rate of 57%. 44% are either married or part of an unmarried couple.
- o The majority of the survey population (83%) was born in the U.S.
- o Most respondents were employed in low-income jobs, with 41.7% having household incomes of less than \$10,000. The average annual household income for all respondents was \$16,146.
- o More women than men reported being employed (44.9% vs. 41.2%). Over one-half of the unemployed population (54.1%) reported not being able to work or being disabled.

### Health Status & Use of Health Services

- o Most respondents reported their health status as "excellent/very good" (48%) or "good" (34%).
- o 40% of the respondents had visited a doctor for a routine check up within the past year.
- o 26% of the respondents said they had visited an eye doctor within the past year. 10% had never had an eye exam.
- o 31% of the respondents had visited a dentist within the past year. 60% of all respondents stated that some of their permanent teeth had been removed due to tooth decay.
- o 60% of all respondents had their blood pressure checked within the past 12 months.
- o Among those who had their blood pressure checked, 28% had been told by a health professional that they had high blood pressure.
- o 60.9% of those with high blood pressure were not controlling it.

- o 41% of respondents said that at some point in their lives they had their blood cholesterol checked. About one-half (53.7%) had it checked in the past year
- o Of those who reported having their cholesterol checked, 34.1% had been told by a professional that their blood cholesterol was high.

### Chronic Conditions & Use of Health Services

- o Close to one-third of the survey population (31%) reported pain in their joints in the past year. 45.2% of the respondents with this condition stated that the pain persisted for 15 or more days.
- o 22% of the survey population had been told by a doctor they had diabetes or high blood sugar.
- o Seven persons or 14.3% of the female survey respondents had diabetes during their pregnancy.
- o 26.9% of the persons with diabetes reported not doing anything to control the condition.
- o Among the respondents, 6% had been told by a doctor that they had asthma. Of these, 66.7% indicated that they had the condition at the time of the survey.

### Women's Health

- o 79.6% of the women in the survey said they had a clinical breast exam some time in their lives. 51.3% had one in the past 12 months.
- o More than half of them (59.2%) said that they engaged in breast self examination every month.
- o Among women 50 years or older, 77.8% had a mammogram.
- o The majority (85.4%) of the women in the survey had a Pap smear at some time in their lives.
- o Of women who reported having a Pap smear, the majority (80.5%) had it done as part of a routine exam, and 14.6% had the test performed to check for a problem.
- o 33.3% of the total female respondents had been pregnant within the five years prior to the study. All reported prenatal care with their most recent pregnancy, and 58.8% of these women visited a doctor or nurse within the first trimester. At the time of this survey, one respondent was pregnant.

### Children's Health

- o 52% of the respondents reported having children under the age of 18 living in their home for which they were the primary caretakers. The mean number of children at the time of the survey was 2.7.
- o 54.6% of respondents who had children under five years of age (or under 40 pounds of weight) reported "always" or "nearly always" using child protective car seats.

- o Almost half (46.2%) of the parents in the study reported that someone smoked in the house or in the car when the children were present.
- o 21.2% of all families with children in the study reported having a child who had asthma.
- o Of the households with children, the majority (78.8%) reported that their children had a routine dental exam at least once per year.
- o Four children had been treated for lead poisoning.
- o The majority of respondents (88.2%) who had children two years or older reported that their children had received the recommended four Diphtheria-Tetanus-Pertussis (DTP) vaccine doses. 90.2% had received three doses of polio vaccine and one dose of Measles-Mumps-Rubella (MMR) vaccine.

## Risk Behaviors for Chronic Conditions

### Tobacco Use

- o 61% reported using tobacco products. The daily smokers averaged 15.5 cigarettes per day. The mean age for onset of smoking was 16.9 years.
- o Among daily smokers, 69.8% reported trying to quit during the previous twelve months for one day or longer.

### Alcohol Consumption

- o 54% of respondents reported that they consumed alcohol.
- o Among respondents who drank alcohol, the average age at which they started drinking alcohol at least once per week was 18.6 years.
- o The respondents who drank alcohol reported that they had driven a monthly average of 0.3 times after having five or more drinks.

### Physical Activity/Exercise

- o Over one-third (37%) said they were inactive.

### Overweight & Obesity

- o The survey population was slightly overweight with an average Body Mass Index (BMI) of 28.2% (normal BMIs range from 18.5 to 26.9 Kg/M).
- o 26.1% of the survey population had “normal” weight and 41.3% were “obese,” according to the BMI.

### Seatbelt Use

- o 24.7% of the respondents said they “always” wore seatbelts when driving or riding in a car or vehicle.
- o 27.8% stated that they “seldom” or “never” used seatbelts.

### HIV/AIDS Knowledge

- o Knowledge scores regarding HIV/AIDS were evenly split. However, misunderstandings about this condition persist. 50.5% of survey respondents believe that HIV and AIDS is the same, 35% said that mosquito bites pose a high risk for contracting HIV/AIDS, and another 29% believe that kissing a person poses a risk.

### Access to Health Care

- o 17.3% of Box Butte County respondents did not have health insurance.
- o 24.3% of those with health insurance coverage obtained it through their place of employment.
- o 32.4% of those with health insurance indicated coverage under Medicaid/Medical Assistance Program. Another 27% reported coverage through the Indian/Alaska Native Bureau of Health Services, and 6.8% were covered under Medicare.
- o 50% of the survey population reported not having a regular source of health care.

### Community & Workplace Concerns or Problems

- o Community concerns rated “very important/critical” among respondents include employment (82%), health (77%), housing (72%), education (70%), minority representation in government (70%), at risk youth (70%), crime/violence (68%), and discrimination (63%).
- o Issues of concern in the workplace with the highest ranking included the following: being cheated with pay (26.3%), inadequate bathroom/water break (22.4%), no easy access to drinking water (21.1%), inadequate training/supervisors (15.8%), verbal abuse (14.5%), asked to take unnecessary risk (10.5%) and poor air quality (9.2%).

## **E. CONCLUSIONS & RECOMMENDATIONS**

- o Box Butte County experienced a rapid growth of minority populations, particularly of Hispanic/Latino and Native American origins.
- o The survey population in Box Butte County consisted of middle age adults with an average age of 38.5. This age structure may explain the prevalence of certain health conditions, as we will see below.
- o The health of the survey population in Box Butte County varied by age and gender and by specific health risk factor and/or health condition. Serious health disparities existed in reference to poor health status, low access and utilization of preventive services, and poor lifestyle practices reflected in high consumption of alcohol and tobacco use and obesity, among other indicators.



## RECOMMENDATIONS

- o Mass screening programs for the early detection of health problems.
- o Develop partnerships with community-based health and human services organizations to implement wellness programs.
- o Reinforce preventive measures that discourage the use of alcohol and tobacco.
- o Increase community knowledge and awareness about the importance of using car seatbelts.
- o The Nebraska Health and Human Services System should work with other government agencies and the private sector to address workplace issues.

# CHAPTER I: INTRODUCTION

## A. BACKGROUND

The County of Box Butte, like the state of Nebraska<sup>1</sup>, has a rapidly growing minority population comprised—increasingly—by persons of Hispanic/Latino origin. According to the 2000 U.S. Bureau of the Census, the county had a population of 12,158 and was 87.7% white and 12.3% minority. Hispanics accounted for 62% of the total 1,495 minority population followed by Native Americans with 20%, while African Americans and Asians accounted for 3% and 4%, respectively. Between 1990 and 2000, the county's population decreased by 7%. The county's white population decreased by 11% in that time period, while the minority population increased by 35%. (Hispanics increased by 29%, African Americans decreased by 16%, Asians increased by 18%, and Native Americans increased by 9%). On-going demographic changes in the county will continue to pose a challenge to the county's health services. In order for the Nebraska Department of Health and Human Services to achieve the established goal for year 2010 set by the U.S. Surgeon General of zero health disparities between minorities and the white non-Hispanic population, there is a need for more and better data on the diverse minority groups.

During the past 15 years, NHHSS has conducted Behavioral Risk Factor Surveillance Surveys (BRFSS) to assess the health status of the Nebraska population. Due to the relatively small number of minorities in proportion to the total state population, BRFSS has not been useful in assessing the health status of its minority populations (NHHSS, August 2001). As a result, in 1992, NHHSS created the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS). Preliminary survey results documented the inequalities in the health status of racial and ethnic minorities and have led to new community initiatives to improve the health and quality of life of Nebraska's minority population.

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<sup>1</sup> According to the 2000 U.S. Census, the state of Nebraska had a population of 1,711,263 and was 87.3% white and 12.7% minority. Hispanics accounted for 44% of the total 216,769 minority population; and African Americans, Asians, and Native Americans accounted for 31%, 10%, and 6% respectively. Between 1990 and 2000, the state's population increased by 8%. This was due, in part, to the increase of the minority population. While the state's white population increased by 2%, the minority population increased by 83% (Hispanics increased by 155%, African Americans by 19%, Asians by 86%, and Native Americans by 15%).

**Table 1.1: Racial & Ethnic Population Composition of Nebraska & Box Butte County by Population Count, Percent Distribution, & by Percent Population Growth 1990-2000**

Nebraska 2000				Box Butte County 2000			
	Population*	%	% Growth 1990-2000		Population*	%	% Growth 1990-2000
Total	1,711,263	100%	8.4%	Total	12,158	100%	-7%
Whites	1,494,494	87.3%	2.4%	Whites	10,663	87.7%	-11%
Minority	216,769	12.7%	121.6%	Minority	1,495	12.30%	35%
African Americans	68,541	4.0%	19.4%	African Americans	41	0.3%	-16%
Hispanics*	94,425	5.5%	155.4%	Hispanics*	930	7.6%	29%
Native Americans/ Eskimos	14,896	0.9%	20.0%	Native Americans/ Eskimos	302	2.5%	9%
Asians**	22,767	1.3%	83.3%	Asians**	66	0.5%	18%
Other***	19,023	1.1%	NA	Other***	156	1.3%	NA

Source: U.S. Census, 1990, 2000. SSDAN, MEDTEP.

Table P8. Hispanic or Latino by Race[[17] – Universe: Total population

Data Set: Census 2000 Summary File 1 (SF1) 100-Percent Data

\* Totals for all racial groups exclude Hispanics. Hispanics may be of any race.

\*\* Asians include: Hawaiian and Pacific Islander.

\*\*\* Others include: Other Races (1990 and 2000), plus Two or More Races (2000)

Table 1.2: Box Butte County Minority Population, 2000			Table 1.3: Box Butte County Hispanic/Latino Population, 2000		
Minority Population, 2000			Hispanic / Latino * Population Composition, 2000		
	Nebraska	Box Butte County		Nebraska	Box Butte County
Minority, Total	216,769	2,560	Hispanics, Total	94,425	930
Percent/Non-White	100%	100%	Percent/Non-White	100%	100%
African Americans	31%	7.3%	Mexicans/Mexican Americans	75.2%	76.9%
Hispanics / Latinos*	44%	73.4%	Puerto Ricans	2.1%	--
Native Americans/ Alaska Natives	6%	6.8%	Cubans	0.9%	--
Asians / Pacific Islanders	10%	5.4%	Other Hispanics	21.8%	21.8%
Other **	9%	9.1%			
Source: U.S. Census, 2000. Table P8. Hispanic or Latino by Race [17] – Universe: Total Population Data Set: Census 2000 Summary File 1 (SF1) 100-Percent Data			Source: U.S. Census, 2000 Table PCT1. Total population [1] – Universe Total population  Racial or Ethnic Grouping: Hispanic or Latino (of any race); Mexican; Puerto Rican; Cuban; Other Hispanic or Latino Data Set: Census 2000 Summary File 2 (SF2) 100-Percent Data		

\* Totals for all racial groups exclude Hispanics. Hispanics may be of any race.

\*\* Asians include: Hawaiian and Pacific Islander.

\*\*\* Others include: Other Races and Two or More Races

-- No information available for Puerto Rican and Cuban population in Box Butte County. Values are lower than threshold (100) on Summary File 2

NHHSS, in partnership with the Nebraska Minority Public Health Association and other key leaders, has produced reports summarizing findings related to MBRFSS based on surveys conducted in selected counties. In April 2001, NHHSS prepared a summary report, *Health Status of Racial and Ethnic Minorities in Nebraska*, as well as a series of fact sheets in 2003 on specific health conditions (e.g., heart disease) confronting racial and ethnic minorities. These reports have brought to public attention the health status of racial and ethnic minorities and the sense of urgency that exists to addressing their needs.

This report for Box Butte County is one of seven new MBRFSS reports that have been prepared based on data collected in selected Nebraska counties during 2002-2003.

## B. PURPOSE OF THE REPORT

The purpose of this report is to summarize selected findings of the MBRFSS conducted in Box Butte County, Nebraska in 2003. This report will summarize select socio-demographic characteristics of the minority population in this target geographic area based on a convenience sample, and provides findings on:

- o Health status indicators
- o Preventive health practices
- o Prevalence of chronic conditions
- o Women's health
- o Children's health
- o Personal health habits or lifestyle practice
- o Access and use of health services
- o Community concerns

The ultimate goal of this report is to document specific areas of health disparities. To develop and implement the necessary strategies, based on best practices, requires correcting them via partnerships between the public and private sectors, not only in the area of health and human services; but with the active participation of the business, housing, employment, education, and transportation sectors.

## CHAPTER II: METHODOLOGY

The Midwest Latino Health, Research, Training, and Policy Center at the University of Illinois at Chicago, under contract agreement with NHHSS, conducted the Nebraska Minority Behavioral Risk Factor Surveillance Survey in seven counties, including Box Butte County; and engaged in data collection, analysis, and interpretation. This chapter briefly describes the survey design, the process followed in accessing the community, sampling and data collection, and the limitations of the survey.

### A. SURVEY DESIGN

The survey questionnaire was developed by NHHSS building upon other instruments, specifically those from the Behavioral Risk Factor Surveillance Survey System of the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The survey included questions on the following topics:

- o Seatbelt use
- o Exercise
- o Tobacco use
- o Alcohol consumption
- o Women's health
- o Children's issues (e.g., safety seat use)
- o HIV/AIDS knowledge
- o Preventive health practices
- o Health conditions (diabetes, arthritis, asthma)
- o Health care communications
- o Types of practitioners utilized
- o Health care coverage
- o Barriers to health care
- o Community concerns
- o Demographics

This version of the survey has been used for several years in the State of Nebraska for the general population and racial and ethnic minorities in selected counties.

### B. COMMUNITY ENTRY

Contacts were made with community agencies to explain the purpose of the survey of the MBRFSS and to obtain their support and participation. Community interviewers, individuals who were familiar with the Native American and Hispanic/Latino communities and who are well trusted in those communities, were recruited and trained. Face-to-face interviews were conducted during the summer and fall of 2003.

## C. ELIGIBILITY

Non-institutionalized persons 18 years and older were eligible to participate in the survey. The survey targeted persons who self-identified as Native American or Hispanic/Latino. Respondents were not paid for participating.

## D. SAMPLING

The survey used a stratified convenience field sample designed to reflect the demographic characteristics of the areas within Box Butte County with the highest concentration of racial and ethnic minorities. Convenience sampling was chosen because these minority populations live primarily in small, urbanized areas through the county. Face-to-face interviews were conducted. Respondents were stratified by town-city, with quotas by gender and age group, based on Census 2000 data for that county or urbanized area.

**Table 2.1: Box Butte County Number of Expected & Obtained Interviews by Age Group & Sex**

<b>Total Interviews</b> <b>Age groups</b>	<b>Expected</b> <b>N=102</b>		<b>Obtained</b> <b>N=100</b>	
	<b>Males</b>	<b>Females</b>	<b>Males</b>	<b>Females</b>
18-20 yrs	3	3	2	3
21-29 yrs	16	10	16	10
30-39 yrs	13	15	14	14
40-61 yrs	14	19	15	19
62+	4	5	4	3
<b>Total</b>	<b>50</b>	<b>52</b>	<b>51</b>	<b>49</b>

## E. RECRUITMENT & SELECTION OF RESPONDENTS

Subjects were recruited using multiple methods:

- 1) Congregate points or events were used such as churches, grocery stores, community service organizations, health fairs, community festivals, and sport clubs. Once a person was contacted, they were interviewed onsite (if there was time and privacy) or by appointment at a safe location.
- 2) Door-to door canvassing was used to identify subjects in areas with small clusters of population.

Every individual or household that was contacted was also screened. Once an eligible person was identified, their cooperation was solicited. First, the interviewer introduced him or herself and explained the

purpose of the survey and its usefulness. Second, they determined the eligibility of the person based on the quota. When approaching a household, an interviewer may have found more than one person who met the eligibility criteria. The person who most recently celebrated a birthday was selected. Once eligibility was determined, consent to participate in the study was secured. The interviewer read the *Consent to Participate in an Interview* form in the preferred language and had the respondent sign it. The interviewer countersigned the form and began the interview.

## F. DATA COLLECTION & EDITING

Local bilingual interviewers were recruited and trained by a team from the University of Illinois at Chicago Latino Research Center. Training included explanation and discussion of: a) the purpose of the survey, b) the sampling procedure to be followed, c) content of the questionnaire, d) interviewing skills, and e) role-playing (interviewing each other to increase familiarity with the survey). A local regional field coordinator supervised and monitored the quality of data collection and arranged to pick up surveys regularly. Over one-half (65%) of the interviews were conducted in English.

## G. DATA ANALYSIS

The Statistical Package for Social Sciences (SPSS) was used for the development of the database and for data analysis. Frequency distributions were used for data cleaning, and cross-tabulations were conducted for data analysis, and used for descriptive purposes.

## H. STUDY LIMITATIONS

Limitations may include, but are not limited to; data interviewer errors, survey errors, and the use of convenience sampling. The data collection targeted only Hispanics/Latinos and Native Americans living in Box Butte County. Therefore, findings cannot be generalized to all residents of Box Butte County, nor to all racial and ethnic minorities, or to all Native Americans. The data collected is based on a quota-based convenience sample; therefore, the certainty of the findings and the level of extrapolations that can be made based on such findings is more limited than if the survey had been conducted using a probability sampling design. MBRFSS contained some questions that were difficult to analyze or to interpret. Therefore, caution is needed in the interpretation of the findings.

## CHAPTER III: SELECTED FINDINGS FROM THE BOX BUTTE COUNTY MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

This chapter provides selected results of the MBRFSS for Box Butte County. It includes:

- a) The respondent's demographic characteristics;
- b) Health status, including chronic conditions and use of preventive health services;
- c) Women's health;
- d) Children's health;
- e) Behavioral risk factors;
- f) HIV/AIDS knowledge;
- g) Access to health care;
- h) Community concerns; and
- i) Workplace concerns.

Most of the findings were analyzed and presented in tables by gender.

### A. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

100 interviews were completed in Box Butte County.

#### 1) Gender & Age

- o 51% of the population were male.
- o Respondents' average age was 38.5 years.

#### 2) Race/Ethnicity

- o With respect to self-perceived race, 47% identified themselves as Native American, and 53% identified themselves as Hispanic/Latino.

#### 3) Residence in the United States

- o The majority of the population (83%) was born in the United States.
- o 88.2% of the foreign-born respondents had been in the U.S. 11 years or longer.



#### 4) Hispanic/Latino & Native Americans National Origin

- o Of the total respondents, 53 identified themselves as Hispanics/Latinos. The predominant Hispanic ethnic group was Mexican (51%), followed by Salvadorians (2%).
- o Forty-seven respondents in the study self-identified themselves as Native Americans. No specific information was gathered about their membership in a particular tribe.

#### 5) Marital Status

- o 44% of respondents reported being married or part of an unmarried couple. Among the other respondents, 28% were single, 6% were separated, 17% were divorced, and 5% were widowed.

**Table 3.1: Box Butte County Socio-Demographic & Economic Characteristics, 2003**

	<u>51</u> Male	<u>49</u> Female	<u>100</u> Total		Male	Female	Total
<b>Workplace</b>				<b>Type of work where these experiences occurred (%)</b>			
<u>People who ever worked in Nebraska (%)</u>	<u>51</u>	<u>49</u>	<u>100</u>	(Multiple Responses Allowed)	<u>26</u>	<u>18</u>	<u>44</u>
	80.4	71.4	76.0	Professional	11.5	22.2	15.9
<u>Ever experienced the following concerns in the workplace (%)</u>	<u>41</u>	<u>35</u>	<u>76</u>	Construction	11.5	0.0	6.8
(Multiple Responses Allowed)				Meatpacking	3.8	0.0	2.3
Inadequate bathroom/water breaks	31.7	11.4	22.4	Factory (other than meatpacking)	30.8	5.6	20.5
No easy access to drinking water	29.3	11.4	21.1	Field work (agriculture)	50.0	27.8	40.9
Poor air quality	12.2	5.7	9.2	Other	11.5	50.0	27.3
Inadequate equipment available	7.3	2.9	5.3	<u>Preferred language to communicate in when discussing issues of:</u>			
Inadequate medical attention if injured	14.6	5.7	10.5	<u>School (%)</u>	<u>46</u>	<u>49</u>	<u>100</u>
Physical abuse	2.4	0.0	1.3	English	76.1	87.8	82.1
Inadequate training/supervisors	17.1	14.3	15.8	Spanish	15.2	8.2	11.6
Verbal abuse	19.5	8.6	14.5	Spanish/English	2.2	0.0	1.1
Asked to take unnecessary risks	14.6	5.7	10.5	English/Native Indian	2.2	2.0	2.1
Have been cheated in pay	29.3	22.9	26.3	Lakota	4.3	2.0	3.2
Other	12.2	11.4	11.8	<u>Work (%)</u>	<u>49</u>	<u>48</u>	<u>97</u>
				English	71.4	85.4	78.4
				Spanish	20.4	8.3	14.4
				Spanish/English	2.0	2.1	2.1
				English/Native Indian	2.0	2.1	2.1
				Lakota	4.1	2.1	3.1

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## 6) Educational Attainment

- o The average education level of survey respondents was 10.8 years.
- o 13.1% of respondents had less than an 8th grade education, and another 33.1% had some high school education.
- o Few people completed a college education (2%) or post-graduate/professional degree (1%).
- o Overall, women had slightly higher levels of education.

## 7) Employment & Type of Work

- o 57% of the study population were unemployed at the time of the study.
- o Of the unemployed, 69.4% reported actively seeking employment. A greater percentage of men (89.5%) than women (47.1%) were seeking employment at the time of the survey.
- o Of the 57 persons who reported being unemployed, 29.7% were homemakers, 8.1% were students, and 54.1% were unable to work due to disability. 8.1% were retired.

## 8) Household Composition

- o 52% of the respondents said there were children in the home for whom they were responsible.

**Table 3.2: Box Butte County Demographic & Economic Characteristics, 2003**

	<u>51</u>	<u>49</u>	<u>100</u>				
	Male	Female	Total		Male	Female	Total
<b><u>Employed (%)</u></b>							
Yes	41.2	44.9	43.0	<b><u>Household with children &lt; 18</u></b>	<b><u>51</u></b>	<b><u>49</u></b>	<b><u>100</u></b>
No	58.8	55.1	57.0	% of Total	37.3	67.3	52.0
<i>(If No)</i>				...by marital status (%)	<b><u>19</u></b>	<b><u>33</u></b>	<b><u>52</u></b>
<b><u>Reasons for unemployment (%)</u></b>	<b><u>13</u></b>	<b><u>24</u></b>	<b><u>37</u></b>	Married	63.2	27.3	40.4
Homemaker	7.7	41.7	29.7	Divorced	10.5	21.2	17.3
Student	7.7	8.3	8.1	Widowed	0.0	3.0	1.9
Unable to work	76.9	41.7	54.1	Separated	5.3	12.1	9.6
Retired	7.7	8.3	8.1	Single	15.8	15.2	15.4
				Unmarried couple	5.3	21.2	15.4
<b><u>Seeking employment (%)</u></b>	<b><u>19</u></b>	<b><u>17</u></b>	<b><u>36</u></b>				
Yes	89.5	47.1	69.4		<b><u>47</u></b>	<b><u>49</u></b>	<b><u>96</u></b>
No	10.5	52.9	30.6	<b><u>Mean Annual Income</u></b>	16,915	15,408	16,146
<b><u>Length of time unemployed (%)</u></b>	<b><u>2</u></b>	<b><u>9</u></b>	<b><u>11</u></b>	<b><u>Annual household income (%)</u></b>			
Less than 1 month	0.0	0.0	0.0	Less than \$10,000	40.4	42.9	41.7
1 to 3 months	0.0	0.0	0.0	\$10,000 - \$24,999	34.0	32.7	33.3
4 to 6 months	0.0	0.0	0.0	\$25,000 - \$39,999	21.3	22.4	21.9
7 months to 1 year	50.0	0.0	50.0	\$40,000 or more	4.3	2.0	3.1
More than 1 year	50.0	66.7	63.6				
Refused	0.0	33.3	27.3				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

## 9) Annual Income

The reported annual household income (from all sources before taxes) was as follows:

- o 41.7% said they earned less than \$10,000.
- o 33.3% reported earning between \$10,000 and \$24,999.
- o 21.9% earned between \$25,000 and \$39,999.
- o 21.9% earned more than \$40,000.

## **B. HEALTH STATUS & USE OF PREVENTIVE HEALTH SERVICES**

Regular annual preventive care is considered essential for the early detection and treatment of chronic diseases. The MBRFSS included a number of questions related to preventive health services. They included perceived health status, percentage and frequency of preventive routine physical examinations, percentage and frequency of eye and dental examinations, blood pressure and cholesterol screening, and use of services. The findings on these health status indicators are described below.

### 1) Self-Perceived Health Status

Generally, self-reported health status is a strong indicator of a person's health status. Results reflect age and the presence or absence of chronic diseases and disability. Taken together, self-reported health status reflects the well-being of the community.

- o Most respondents reported their health status as "excellent/very good" (48%) or "good" (34%).
- o Only 18% of the survey population rated their health as "fair/poor."

### 2) Routine Check Up

- o 40% of the respondents had visited a doctor for a routine check up within the past year, including a larger percentage of females (49%) than males (31.4%).
- o 35% of the population had been without a physical examination more than two years, and 8% had never had a physical exam.

### 3) Eye Care

- o 26% of the respondents had visited an eye doctor within the past year. 10% had never done so.

**Table 3.3: Box Butte County Health Status & Use of Health Services, 2003**

	51 Male	49 Female	100 Total		Male	Female	Total
<b>Self-Reported Health Status (%)</b>				<b>HYPERTENSION/HIGH BLOOD PRESSURE</b>			
Excellent/Very Good	56.9	38.8	48.0	<b>Last time checked for High Blood Pressure (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>
Good	23.5	44.9	34.0	Less than 1 year (0 to 12 months)	49.0	71.4	60.0
Fair/Poor	19.6	16.3	18.0	1-2 years (13 to 24 months)	23.5	14.3	19.0
				2+ years (25+ months)	23.5	14.3	19.0
				Never	3.9	0.0	2.0
<b>Time since last visit to Medical Doctor for a routine checkup (%)</b>				<b>Ever told had High Blood Pressure (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>
Less than 1 year (0 to 12 months)	31.4	49.0	40.0	Yes	29.4	26.5	28.0
1-2 years (13 to 24 months)	15.7	16.3	16.0	No	70.6	73.5	72.0
2+ years (25+ months)	39.2	30.6	35.0				
Never	11.8	4.1	8.0	(If Yes)			
<b>Time since last visit to Eye Doctor (%)</b>				<b>Number of times was told Blood Pressure was high (%)</b>	<b>15</b>	<b>13</b>	<b>28</b>
Less than 1 year (0 to 12 months)	15.7	36.7	26.0	Only Once	40.0	30.8	35.7
1-2 years (13 to 24 months)	17.6	16.3	17.0	More than once	60.0	69.2	64.3
2+ years (25+ months)	51.0	40.8	46.0				
Never	13.7	6.1	10.0	<b>Controlling High Blood Pressure (%)</b>	<b>15</b>	<b>13</b>	<b>28</b>
<b>Time since last visit to the Dentist (%)</b>				Yes	53.3	46.2	50.0
Less than 1 year (0 to 12 months)	23.5	38.8	31.0	No	33.3	30.8	32.1
1-2 years (13 to 24 months)	9.8	10.2	10.0				
2+ years (25+ months)	60.8	44.9	53.0	(If Yes)			
Never	5.9	2.0	4.0	<b>Controlling with (%)</b>	<b>8</b>	<b>6</b>	<b>14</b>
<b>Number of permanent teeth have been removed due decay or gum disease (%)</b>	<b>48</b>	<b>48</b>	<b>96</b>	(Multiple Responses Allowed)			
1 to 5	41.7	35.4	38.5	Medication	61.5	60.0	60.9
6 or more but not all	16.7	31.3	24.0	Exercise	25.0	14.3	20.0
All 32	6.3	4.2	5.2	Diet	50.0	14.3	33.3
None (teeth not removed by dentist)	35.4	29.2	32.3	Other			
Don't Know/Refused	0.0	0.0	0.0				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

#### 4) Dental Care

- o 31% of respondents said they had seen a dentist within the past year, and 4% had never done so.
- o Over one-third (38.5%) said they had between one and five permanent teeth removed because of tooth decay or gum disease.
- o 24% of the respondents had six or more teeth (but not all) removed, and 5.2% had all their teeth removed.

#### 5) Blood Pressure Screening & Use of Services

Hypertension (high blood pressure) is a risk factor associated with heart disease, stroke, kidney disease, and diabetes.

- o 60% of the respondents had their blood pressure checked by a doctor, nurse, or other health professional within the past year. A greater percentage of women (71.4%) had their blood pressure checked in the past year than men (49%).

- o Of those told they had high blood pressure (n=28), 35.7% had been told only once that their blood pressure was high, and 64.3% had been told more than once.
- o Among the respondents reporting hypertension, the methods most often used for controlling high blood pressure were medication (60.9%), diet (33.3%), and exercise (20%).

**Table 3.4: Box Butte County Preventive Health Practices, 2003**

	51 Male	49 Female	100 Total		Male	Female	Total
<b>BLOOD CHOLESTEROL</b>				<b>DIABETES</b>			
<b>Has ever checked for Blood Cholesterol (%)</b>				<b>Ever told had diabetes or high blood sugar by health provider (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>
Yes	33.3	49.0	41.0	Yes	15.7	28.6	22.0
No	58.8	40.8	50.0	Yes (female, only during pregnancy)	--	14.3	7.0
(If Yes)				No	84.3	57.1	71.0
<b>Last time checked for Blood Cholesterol (%)</b>	<b>17</b>	<b>24</b>	<b>41</b>	(If Yes or Yes during pregnancy)	<b>8</b>	<b>18</b>	<b>26</b>
Less than 1 year (0 to 12 months)	58.8	50.0	53.7	Not controlling diabetes (%)	37.5	22.2	26.9
1-2 years (13 to 24 months)	23.5	29.2	26.8	<b>Controlling with (%)</b>	<b>5</b>	<b>14</b>	<b>19</b>
2+ years (25+ months)	17.6	20.8	19.5	(Multiple Responses Allowed)			
<b>Told had High Blood Cholesterol by health professional (%)</b>	<b>17</b>	<b>24</b>	<b>41</b>	Insulin	40.0	14.3	21.1
Yes	64.7	12.5	34.1	Oral medications	20.0	35.7	31.6
No	35.3	87.5	65.9	Exercise	40.0	35.7	36.8
<b>SORE JOINTS</b>				Diet	60.0	64.3	63.2
<b>Has had pain or swelling in joint during last year (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>	Other	0.0	0.0	0.0
Yes	35.3	26.5	31.0	<b>Last time saw a Doctor for diabetes (%)</b>	<b>8</b>	<b>21</b>	<b>29</b>
No	64.7	73.5	69.0	Less than 1 year (0 to 12 months)	50.0	42.9	44.8
(If Yes)				1-2 years (13 to 24 months)	12.5	23.8	20.7
<b>Joint pain persisted for 15 days or more (%)</b>	<b>18</b>	<b>13</b>	<b>31</b>	2+ years (25+ months)	37.5	28.6	31.0
Yes	50.0	38.5	45.2	Never	0.0	0.0	0.0
No	50.0	61.5	54.8	<b>ASTHMA</b>			
				<b>Ever told has asthma (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>
				Yes	3.9	8.2	6.0
				No	96.1	91.8	94.0
				(If Yes)			
				<b>Still has asthma (%)</b>	<b>2</b>	<b>4</b>	<b>6</b>
				Yes	50.0	75.0	66.7
				No	50.0	25.0	33.3

Source: Nebraska Department of Health and Human Services - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

## 6) Blood Cholesterol Screening & Use of Services

High blood cholesterol is a risk factor for heart disease, stroke, and other circulatory problems.

- o 41% of the respondents said they had their blood cholesterol checked, including a greater proportion of women (49%) than men (33.3%). Of these, 53.7% had their cholesterol checked in the past year.
- o Of those who reported having their cholesterol checked, 34.1% had been told by a professional that their blood cholesterol was high.

## C. CHRONIC CONDITIONS & USE OF HEALTH SERVICES

This section reports the findings on the prevalence of three common chronic and disabling conditions: joint pain, diabetes, and asthma.

### 1) Joint Pain

Arthritis is a chronic condition characterized by pain, aching, and stiffness or swelling in or around a joint.

- o During the past 12 months joint pain was reported by 31% of the total survey respondents. Of these, 45.2% reported those symptoms present for 15 or more consecutive days.

### 2) Diabetes

Diabetes is a chronic condition characterized by high levels of blood sugar. Gestational diabetes is the result of hormonal changes during pregnancy. It generally disappears after pregnancy, but can result in the development of diabetes within 5 to 10 years if diabetes risk factors are not reduced. Diabetes affects most organs and the circulatory system; resulting in complications to the heart, retinas, kidneys, feet, and skin (CDC, 2003). This survey assessed diabetes prevalence and self-management.

- o 22% of the survey population had been told by a doctor that they had diabetes or high blood sugar (15.7% of men and 28.6% of women).
- o Of the female respondents, 14.3% were told that they had diabetes during their pregnancy.
- o Among those with diabetes, their methods for controlling diabetes were oral medication (31.6%), insulin (21.1%), and diet (63.2%).
- o Of those with diabetes, 44.8% had a diabetes check up within the past year.

### 3) Asthma

Asthma is a chronic respiratory disorder which tends to develop in childhood.

- o 6% of the respondents had asthma that had been diagnosed by a physician.
- o A larger percentage of women (8.2%) in the study had been told by a health professional that they had asthma than men (3.9%).
- o 66.7% of those with asthma still had the condition at the time of the study.

## D. WOMEN'S HEALTH

This section summarizes the findings corresponding to women's health practices. They include clinical breast examination, use of mammography, Pap smears, pregnancy status, and smoking during pregnancy.

## 1) Breast Examination

- o Of the 49 female respondents, 79.6% said they had a clinical breast exam.
- o Of those who had a clinical breast exam (n=39), 51.3% had one within the past year.
- o 59.2% said that they practiced breast self-examination.

## 2) Mammograms

- o 77.8% of women over 50 years of age had a mammogram.
- o Of those who reported having a mammogram, 71.4% did so in the last year.

**Table 3.5: Box Butte County Women's Health 2003**

	<u>49</u>		
<b><u>Has ever had a clinical breast exam (%)</u></b>	<b><u>49</u></b>	<i>(If Had a Pap Smear = Yes)</i>	
Yes	79.6	<b><u>Last time had Pap smear (%)</u></b>	<b><u>41</u></b>
No	20.4	Less than 1 year (0 to 12 months)	53.7
		1-2 years (13 to 24 months)	19.5
<i>(If Yes)</i>		2+ years (25+ months)	26.8
<b><u>Last time had clinical breast exam (%)</u></b>	<b><u>39</u></b>		
Less than 1 year (0 to 12 months)	51.3	<b><u>Reason for Pap smear (%)</u></b>	<b><u>41</u></b>
1-2 years (13 to 24 months)	28.2	Routine exam	80.5
2+ years (25+ months)	20.5	Check problem	14.6
		Other	4.9
<b><u>Engages in breast self examination (%)</u></b>	<b><u>49</u></b>		
Yes	59.2	<b><u>Last Pap smear in the past year (%)</u></b>	<b><u>22</u></b>
No	40.8	for women 45y. or less	51.7
		for women 46y. or more	58.3
<b><u>Has ever had a mammogram (age &gt;=50) (%)</u></b>	<b><u>9</u></b>		
Yes	77.8	<b><u>Last Pap smear in the 2+ years (%)</u></b>	<b><u>19</u></b>
No	22.2	for women 45y. or less	48.3
		for women 46y. or more	41.7
<i>(If Yes)</i>			
<b><u>Last time had mammogram (%)</u></b>	<b><u>7</u></b>	<b><u>Has been pregnant in the past 5 years (%)</u></b>	<b><u>48</u></b>
Less than 1 year (0 to 12 months)	71.4	Yes	33.3
1-2 years (13 to 24 months)	14.3	Yes, currently pregnant	2.1
2+ years (25+ months)	14.3	No	64.6
<b><u>Reason for the mammogram (%)</u></b>	<b><u>7</u></b>	<i>(If Yes or Yes, currently pregnant)</i>	
Routine Checkup	85.7	<b><u>First visit to Doctor during pregnancy (%)</u></b>	<b><u>17</u></b>
Breast problem other than cancer	14.3	Before the 3rd month	58.8
Had breast cancer	0.0	3rd month	11.8
		4th month	11.8
		5th month	11.8
<b><u>Has ever had a Pap smear (%)</u></b>	<b><u>48</u></b>	6th month	0.0
Yes	85.4	7th month	5.9
No	12.5		
		<b><u>Smoked during pregnancy (%)</u></b>	<b><u>17</u></b>
		Yes	29.4
		No, I wasn't a smoker	58.8
		No, I quit because of my pregnancy	11.8

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

### 3) Pap Smear

Pap smears are important for the early detection of cervical cancer, for which minority women and particularly, Latino women, have higher rates and poorer outcomes (American Cancer Society, 2003).

- o Among female respondents, 85.4% had a Pap smear at some point in their lives.
- o Of those who had a Pap smear, 53.7% did so in within the past year

### 4) Pregnancy

- o 33.3% of the female respondents had been pregnant within the five years prior to the study. At the time of this survey, one respondent was pregnant.
- o With their most recent pregnancy 58.8% of these women visited a doctor or nurse before the first trimester, 23.6% did so in their third or fourth month, and 11.8% did so in their fifth month.
- o 29.4% reported smoking during their most recent pregnancy.

## **E. CHILDREN'S HEALTH**

### 1) Age Distribution of Children in Households

- o 52% of the respondents reported having children under the age of 18 living in their home for which they were the primary caretakers. The average number of children in the home was 2.7.
- o 11.5% of households with children had at least one child under one year old.
- o 55.8% reported having at least one child between one and four years of age.
- o 59.6% of the households with children reported having children between five and nine years of age.
- o 30.8% had children between 10-12 years of age.
- o 25% had children 13-15 years of age, and 26.9% had children between 16 and 17 years of age.

### 2) Protective Car Seats

For injury prevention in motor vehicle crashes, Nebraska law requires the use of protective car seats for children.

- o 27.3% of the respondents reported “always” using child protective car seats for their children under five years of age (or under 40 pounds of weight), and 27.3% reported “nearly always” using them.
- o 27.3% reported “seldom” or “never” using the child protective car seats for their children under five.

### 3) Exposure to Environmental Tobacco Smoke

- o 46.2% of the parents reported that someone smoked in the house or in the car when the children were present, including a greater percentage of females (54.5%) than males (31.6%).



#### 4) Asthma, Dental Care, & Lead Poisoning

- o Among respondents who had children living at home, 21.2% had a child with asthma.
- o A routine dental exam at least once per year for the household children was reported by 78.8% of the respondents.
- o 7.7% of survey respondents reported that their children had been treated for lead poisoning.

**Table 3.6: Box Butte County Children's Health, 2003**

	<u>51</u> Male	<u>49</u> Female	<u>100</u> Total		Male	Female	Total
<b><u>Has children with less than 18 years of age (%)</u></b>	<b><u>51</u></b>	<b><u>49</u></b>	<b><u>100</u></b>	(If Has Children <18 = Yes)			
Yes	37.3	68.8	52.0	<b><u>Has children with asthma (%)</u></b>	<b><u>19</u></b>	<b><u>33</u></b>	<b><u>52</u></b>
No	62.7	31.3	47.0	Yes	21.1	21.2	21.2
(If Yes)	<b><u>19</u></b>	<b><u>33</u></b>	<b><u>52</u></b>	<b><u>Your children visit the dentist once per year (%)</u></b>	<b><u>19</u></b>	<b><u>33</u></b>	<b><u>52</u></b>
<b><u>Mean Number of children</u></b>	2.4	2.8	2.7	Yes	68.4	84.8	78.8
<b><u>Age groups (%)</u></b>				<b><u>Had your children ever treated for lead poisoning (%)</u></b>	<b><u>19</u></b>	<b><u>33</u></b>	<b><u>52</u></b>
Under 1 year of age	5.3	15.2	11.5	Yes	5.3	9.1	7.7
1 to 4 years of age	57.9	54.5	55.8	<b><u>Complete vaccinations for your child (&gt; 2yrs) (%)</u></b>	<b><u>18</u></b>	<b><u>33</u></b>	<b><u>51</u></b>
5 to 9 years of age	57.9	60.6	59.6	Four DTP shots	72.2	97.0	88.2
10 to 12 years of age	31.6	30.3	30.8	Three doses of Polio Vaccine	100.0	72.2	90.2
13 to 15 years of age	15.8	30.3	25.0	One dose of MMR	100.0	72.2	90.2
16 to 17 years of age	26.3	27.3	26.9	(If Not Complete vaccinations)			
<b><u>Uses a car or booster seat for children &lt; 5 (%)</u></b>	<b><u>3</u></b>	<b><u>8</u></b>	<b><u>11</u></b>	<b><u>Primary reason why child did not receive immunizations (%)</u></b>	<b><u>5</u></b>	<b><u>1</u></b>	<b><u>6</u></b>
Always	33.3	25.0	27.3	Too expensive	0.0	0.0	0.0
Nearly always	33.3	25.0	27.3	Vaccination service not available	0.0	0.0	0.0
Sometimes	0.0	25.0	18.2	Don't know/Not sure	60.0	0.0	50.0
Seldom	0.0	12.5	9.1	Other	0.0	0.0	0.0
Never	33.3	12.5	18.2	Refused	0.0	0.0	0.0
<b><u>Smokes at home or car when children are present (%)</u></b>	<b><u>19</u></b>	<b><u>33</u></b>	<b><u>52</u></b>	No reason	0.0	100.0	16.7
Yes	31.6	54.5	46.2				
Yes, but not around the children	15.8	0.0	5.8				
No	52.6	45.5	48.1				

Source: Nebraska Department of Health and Human Services - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

#### 5) Vaccinations

Vaccinations are important for the prevention of a series of life-threatening or disabling infections, particularly among younger children.

- o Of respondents with children, 88.2% reported that their children had received the recommended four doses of Diphtheria-Tetanus-Pertussis (DTP) vaccine.
- o 90.2% of the respondents with children stated that their children had received three doses of Polio vaccine and one dose of Measles-Mumps-Rubella (MMR) vaccine.

## F. BEHAVIORAL RISK FACTORS FOR CHRONIC DISEASE

This section summarizes data on risk factors that are major preventable contributors to chronic diseases such as heart disease, cancer, diabetes, and liver disease, or their complications; as well as for hypertension and elevated cholesterol.

### 1) Tobacco Use

Tobacco smoking is a major preventable risk factor for cancer, heart disease, lung disease, and circulatory complications.

- o 61% of the survey population reported using tobacco products at some time in their lives. This percentage was higher among males (66.7%) than females (55.1%).
- o 43% of the respondents reported smoking everyday, and another 18% reported smoking on some days.
- o The daily smokers averaged 15.5 cigarettes per day and started smoking at an average age of 16.9.
- o 69.8% of the respondents had tried to quit smoking during the past twelve months for one day or longer.

**Table 3.7: Box Butte County Use of Tobacco & Alcohol Consumption 2003**

	<u>51</u>	<u>49</u>	<u>100</u>				
	Male	Female	Total		Male	Female	Total
<b><u>Uses tobacco products</u></b>							
Yes	66.7	55.1	61.0	<i>(If Consumes Alcohol = Yes)</i>			
No	33.3	44.9	39.0	<b><u>Mean number of drinking</u></b>	<b><u>30</u></b>	<b><u>24</u></b>	<b><u>54</u></b>
				<b><u>days per week</u></b>	4.6	3.4	4.0
<b><u>Frequency of smoking</u></b>				<b><u>Mean age started drinking</u></b>	<b><u>28</u></b>	<b><u>18</u></b>	<b><u>46</u></b>
Every day	45.1	40.8	43.0	<b><u>once per week</u></b>	16.4	22.1	18.6
Some days	21.6	14.3	18.0				
Not at all	33.3	44.9	39.0	<b><u>On a drinking day, mean</u></b>	<b><u>28</u></b>	<b><u>23</u></b>	<b><u>51</u></b>
<i>(If Frequency os Smoking = Every day)</i>				<b><u>number of drinks</u></b>	19.1	11.0	15.5
<b><u>Mean number of cigarettes</u></b>	<b><u>23</u></b>	<b><u>20</u></b>	<b><u>43</u></b>	<b><u>Mean number of days when</u></b>	<b><u>29</u></b>	<b><u>22</u></b>	<b><u>51</u></b>
<b><u>smoked per day</u></b>	17.4	13.3	15.5	<b><u>had 5+ drinks</u></b>	17.8	14.8	16.5
	<b><u>22</u></b>	<b><u>19</u></b>	<b><u>41</u></b>	<b><u>Mean number of days when</u></b>	<b><u>30</u></b>	<b><u>20</u></b>	<b><u>50</u></b>
<b><u>Mean age started smoking daily</u></b>	15.1	18.9	16.9	<b><u>drove after having 5+ drinks</u></b>	0.3	0.4	0.3
<b><u>Tried to quit smoking</u></b>	<b><u>23</u></b>	<b><u>20</u></b>	<b><u>43</u></b>	<b><u>Tobacco and Alcohol consumption</u></b>	<b><u>46</u></b>	<b><u>48</u></b>	<b><u>94</u></b>
<i>(For 1 day or longer in the past 2 months)</i>	60.9	80.0	69.8	<i>Mutually exclusive groups</i>			
<b><u>Consumes alcohol</u></b>	<b><u>51</u></b>	<b><u>49</u></b>	<b><u>100</u></b>	Both alcohol and tobacco	69.6	52.1	60.6
Yes	58.8	49.0	54.0	Alcohol Only	19.6	29.2	24.5
Yes, but not regularly	21.6	30.6	26.0	Tobacco Only	0.0	2.1	1.1
Not at all	9.8	18.4	14.0	Neither	10.9	16.7	13.8

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## 2) Alcohol Consumption

Excessive and/or inappropriate alcohol consumption may lead to short term behavioral problems such as alcohol-related motor vehicle crash injuries, interpersonal violence, alcohol poisoning, and alcohol addiction; with many economic, family, and social consequences. In the long term, it leads to cirrhosis of the liver, heart damage, and dementia. The findings from the Box Butte County Behavioral Risk Factor Survey indicate the following.

- o 54% of the respondents reported some regular alcohol consumption, including 58.8% of males and 49% of females.
- o On occasions when they drank, respondents consumed an average of 15.5 drinks in one seating. Females reported consuming 11 drinks, and males reported having 19.1 drinks.
- o Respondents were, on average, 18.6 years old when they began having a drink at least once per week.
- o During the previous year, respondents reported driving 0.3 times after having consumed at least five drinks.

**Table 3.8: Box Butte County Risk Factors: Exercise, Obesity, & Seatbelt Use, 2003**

	51	49	100				
	Male	Female	Total		Male	Female	Total
<b>Any physical activity in the past month (%)</b>							
Yes	62.8	61.2	62.0	<b>Obesity</b>			
No	35.3	38.8	37.0	<b>Body Mass Index (BMI)</b>	<u>50</u>	<u>42</u>	<u>92</u>
<b>Frequency of any physical/past month (%)</b>				<b>Mean BMI</b>	28.1	28.3	28.2
Weekly	51.0	61.2	56.0	<b>Categorized BMI (%)</b>			
Monthly	11.8	0.0	6.0	Underweight < 18.5 Kg/m <sup>2</sup>	2.0	2.4	2.2
No Activity	35.3	38.8	37.0	Normal weight 18.5 - 24.9 Kg/m <sup>2</sup>	26.0	26.2	26.1
(If Physical Activity = Yes)	<u>32</u>	<u>30</u>	<u>62</u>	Overweight 25 - 29.9 Kg/m <sup>2</sup>	48.0	33.3	41.3
<b>Mean # times activity was performed in the last month</b>				Obesity (Class 1) 30 - 34.9 Kg/m <sup>2</sup>	10.0	23.8	16.3
(If Frequency = Weekly)	<u>25</u>	<u>30</u>	<u>55</u>	Obesity (Class 2) 35 - 39.9 Kg/m <sup>2</sup>	8.0	14.3	10.9
(If Frequency = Monthly)	<u>6</u>	<u>0</u>	<u>6</u>	Extreme Obesity (Class 3) >= 40 Kg/m <sup>2</sup>	6.0	0.0	3.3
(If Frequency = Monthly)	12.8	0.0	12.8	<b>Seatbelt Use</b>			
<b>Mean # minutes per exercise session</b>				<b>How often do you use seatbelts (%)</b>	<u>49</u>	<u>48</u>	<u>97</u>
(If Frequency = Weekly)	<u>25</u>	<u>30</u>	<u>55</u>	(Only for those who drive or ride in a car)			
(If Frequency = Monthly)	81.6	61.9	70.8	Always	24.5	25.0	24.7
(If Frequency = Monthly)	<u>6</u>	<u>0</u>	<u>6</u>	Nearly always	10.2	20.8	15.5
	115.8	0.0	115.8	Sometimes	30.6	33.3	32.0
				Seldom	8.2	12.5	10.3
				Never	26.5	8.3	17.5

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

### 3) Exercise

Exercise is defined as any physical activity (any movement that burns calories) that follows a planned schedule and format. It must be intentional and regular. Standards now call for at least 150 minutes per week of exercise (30 minutes per day). The survey respondents were asked whether during the past month, they participated in any physical activities like running, calisthenics, golf, gardening, sports, dancing, or walking for exercise. The results were as follows.

- o 62% of the respondents said that they participated in physical activity, and 37% were inactive.

### 4) Obesity

Obesity is a major risk factor for chronic diseases such as heart disease, stroke, and diabetes, among others. In the survey, respondents were asked to report their weight and height. As a result, a body mass index (BMI) was estimated (weight in kilo/height in meters<sup>2</sup>).

- o Based on the BMI, 26.1% of the respondents had a “normal” weight, with scores ranging between 18.5 and 24.9. Most of the rest of the respondents were either overweight (41.3%) or obese (30.5%).

### 5) Seatbelt Use

- o 24.7% of the respondents said they “always” wore seatbelts when driving or riding in a car or vehicle.
- o 27.8% of respondents stated that they “seldom” or “never” used seatbelts when driving or riding in a car or vehicle.

### 6) HIV/AIDS Knowledge

Knowledge about HIV infection is the first step to protecting oneself from acquiring HIV/AIDS, a condition that represents a leading cause of death for ethnic minorities.

- o Half of the respondents (50.5%) believed that HIV is the same as AIDS.
- o Few people in the survey (7.1%) reported not being familiar with HIV/AIDS.
- o 79.8% knew that a pregnant woman who had HIV could transmit the virus to her unborn baby.
- o 90% of the respondents believed that sharing needles through intravenous drug use poses a high risk for contracting HIV.
- o 82% believed that being sexually active with more than one partner and not using a condom poses a high risk for acquiring HIV/AIDS.
- o 29% believed that kissing a person with AIDS on the lips poses a high risk.
- o 35% said that mosquito bites put them at risk for contracting HIV. 25% did not know or were not sure.
- o Using the same toilet as a person with AIDS is risky, according to 13% of the respondents, while 68% said that this is not so, and 17% said they were not sure.

**Table 3.9: Box Butte County HIV/AIDS Knowledge, 2003**

	<u>51</u> Male	<u>49</u> Female	<u>100</u> Total			<u>51</u> Male	<u>49</u> Female	<u>100</u> Total
<u>% Who thinks the HIV is the same as AIDS</u>	48.0	53.1	50.5	<i>Kissing a person with AIDS (on the lips) (%)</i>				
<u>% Who are not familiar with HIV/AIDS</u>	10.0	4.1	7.1	(Correct Answer) Yes		31.4	26.5	29.0
				(Correct Answer) No		45.1	61.2	53.0
				Don't Know/ Not sure		19.6	12.2	16.0
				Refused		3.9	0.0	2.0
<b>Knowledge of High Risk categories for contracting HIV/AIDS</b>				<i>Mosquito bites (%)</i>				
	<u>50</u>	<u>49</u>	<u>99</u>	(Correct Answer) Yes		35.3	34.7	35.0
<i>Pregnant woman with HIV can transmit the virus to unborn baby (%)</i>				(Correct Answer) No		39.2	36.7	38.0
(Correct Answer) Yes	76.0	83.7	79.8	Don't Know/ Not sure		21.6	28.6	25.0
No	6.0	10.2	8.1	Refused		3.9	0.0	2.0
Don't Know/ Not Sure	16.0	6.1	11.1					
Refused	2.0	0.0	1.0	<i>Using the same toilet as a person with AIDS (%)</i>				
	<u>51</u>	<u>49</u>	<u>100</u>	(Correct Answer) Yes		9.8	16.3	13.0
<i>Sharing needles through intravenous drug use (%)</i>				(Correct Answer) No		66.7	69.4	68.0
(Correct Answer) Yes	84.3	95.9	90.0	Don't Know/ Not sure		19.6	14.3	17.0
No	0.0	2.0	1.0	Refused		3.9	0.0	2.0
Don't Know/ Not sure	11.8	2.0	7.0					
Refused	3.9	0.0	2.0	<i>Categorized knowledge about HIV/AIDS transmission</i>				
				Low knowledge		51.0	49.0	50.0
<i>Sexually active with more than one partner and not using condom (%)</i>				High knowledge		49.0	51.0	50.0
(Correct Answer) Yes	72.5	91.8	82.0					
No	17.6	4.1	11.0					
Don't Know/ Not sure	5.9	4.1	5.0					
Refused	3.9	0.0	2.0					

Sources: Nebraska Department of Health and Human Services - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

## G. ACCESS & USE OF HEALTH SERVICES

This section reports on the access and use of health services, specifically health insurance coverage, medical care insecurity (lack of insurance), the extent of medical insurance coverage, and whether respondents have a regular source of health care. Help-seeking behaviors and barriers to health care are also discussed.

### 1) Health Insurance

Lack of health insurance is a major financial barrier to health care. Health insurance coverage is related to a number of factors including respondents' employment status and immigration status. Lack of health insurance results in higher out-of-pocket costs and lower use of health services for prevention or for an episode of illness.

- o 17.3% of the survey respondents did not have any kind of health insurance.
- o The majority who reported having health insurance used government-sponsored programs such as Medicaid or Medical Assistance (32.4%), Indian/Alaska Native Health Services (27%), and Medicare (6.8%). Only 24.3% reported obtaining their health insurance through their place of employment.

## 2) Medical Care Coverage of Services

- o For 28.4% of the insured, their private health care plan covered 50-99% of the hospital expenses. 62.2% of the respondents who had medical insurance had 100% hospital and doctor's office coverage.
- o Respondents said they were without health insurance because employers did not offer or stopped offering health coverage (11.5%), they could not afford to pay the premiums (15.4%), they lost their job or changed employer (19.2%), or they became ineligible for Medicaid (19.2%), among other reasons.
- o Of the survey respondents without health insurance, 17.3% said there was a time within the previous 12 months when they needed to see a doctor, but could not see one because of the cost.

**Table 3.10: Box Butte County Health Care Coverage & Access to Health Care, 2003**

	<u>39</u>	<u>42</u>	<u>81</u>		<u>51</u>	<u>49</u>	<u>100</u>
	Male	Female	Total		Male	Female	Total
<b>Has Health Insurance (%)</b>				<b>Hospital bills, Health Plan Covers (%)</b>	<b>31</b>	<b>43</b>	<b>74</b>
Yes	69.2	95.2	82.7	100 % (All)	61.3	62.8	62.2
No	30.8	4.8	17.3	50% to 99%	32.3	25.6	28.4
				1% to 49%	0.0	4.7	2.7
(If Yes)				0%	6.5	0.0	2.7
<b>Type of Health Insurance (%)</b>	<b>31</b>	<b>43</b>	<b>74</b>	Do not know/Not sure	0.0	7.0	4.1
Your employer	32.3	18.6	24.3		0		
Someone else's employer	0.0	11.6	6.8	<b>Doctor's Office, Health Plan Covers (%)</b>	<b>31</b>	<b>43</b>	<b>74</b>
Indian/Alaska Native health service	32.3	23.3	27.0	100 % (All)	61.3	58.1	59.5
Medicare	12.9	2.3	6.8	50% to 99%	29.0	30.2	29.7
Medicaid or Medical Assistance	22.6	39.5	32.4	1% to 49%	3.2	2.3	2.7
A plan that you or someone else buys for you	0.0	0.0	0.0	0%	6.5	0.0	2.7
The military, CHAMPUS, Tricare or the VA	0.0	0.0	0.0	Do not know/Not sure	0.0	4.7	2.7
(If No)							
<b>Reason without Health Insurance (%)</b>	<b>20</b>	<b>6</b>	<b>26</b>	<b>In last year, could not see a doctor</b>			
Lost job or changed employer	20.0	16.7	19.2	<b>when needed due to costs (%)</b>	<b>39</b>	<b>42</b>	<b>81</b>
Employer doesn't offer/stopped offering coverage	5.0	33.3	11.5		<b>27</b>	<b>40</b>	<b>67</b>
Became divorced or separated	0.0	16.7	3.8	Has Health Insurance	69.2	95.2	82.7
Couldn't afford to pay the premiums	20.0	0.0	15.4		<b>12</b>	<b>2</b>	<b>14</b>
Lost Medicaid/Medical Assistance eligibility	15.0	33.3	19.2	No Health Insurance	30.8	4.8	17.3
Cut back to part time/or became temp employee	5.0	0.0	3.8				
Became ineligible because of age/left school	5.0	0.0	3.8	<b>Saw a Doctor in town, when needed (%)</b>	<b>27</b>	<b>26</b>	<b>53</b>
Spouse or parent lost job/changed employers	0.0	0.0	0.0		<b>17</b>	<b>22</b>	<b>39</b>
Other	20.0	0.0	15.4	Has Health Insurance	63.0	84.6	73.6
					<b>10</b>	<b>4</b>	<b>14</b>
				No Health Insurance	37.0	15.4	26.4
				<b>Has a particular Medical Doctor or regular</b>			
				<b>source of care (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>
				Yes	43.1	46.9	45.0
				No	49.0	51.0	50.0

Source: Nebraska Department of Health and Human Services - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

## 3) Regular Source of Health Care

- o 50% of the survey population reported not having a regular source of health care (49% of men and 51% of women).

- o Among those who reported a regular source of health care, 42% reported seeing a medical doctor, 13% a health department or community clinic, 6% a hospital emergency room, 21% an Indian Health Service clinic, and 1% a company clinic.
- o 73.6% of those with insurance said that they went to a doctor “in town” when they needed medical care.

**Table 3.11: Box Butte County Barriers to Health Care, 2003**

	<u>51</u> Male	<u>49</u> Female	<u>100</u> Total		Male	Female	Total
<b>Source of regular Care (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>	(If Has been sick/ill in the past 12 months = Yes)			
Doctor's Office	41.2	42.9	42.0	<b>Source of care (%)</b>	<b>37</b>	<b>44</b>	<b>81</b>
Hospital Emergency room	9.8	2.0	6.0	(Multiple Response)			
Health Department or community clinic	15.7	10.2	13.0	Folk Healer/Medicine Man	48.6	18.6	32.5
Indian Health Service	17.6	24.5	21.0	Psychic/Spiritualist	8.1	4.5	6.2
Company Clinic	0.0	2.0	1.0	Medical Doctor	78.4	93.2	86.4
Have not been to a doctor	9.8	8.2	9.0	Chiropractor	13.5	22.7	18.5
Other	5.9	10.2	8.0	Pharmacist (non prescription)	27.0	54.7	42.0
				Hospital Emergency Room	43.2	65.9	55.6
<b>Believe race or ethnicity is a barrier to receiving health services in your community (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>	Counselor	10.8	11.4	11.1
Strongly agree	11.8	4.1	8.0	Family/Friend/Neighbor	32.4	50.0	42.0
Agree	45.1	26.5	36.0	Nurse/Nurse Practitioner	21.6	27.3	24.7
Disagree	33.3	36.7	35.0	Church or Temple	16.2	22.7	19.8
Strongly Disagree	2.0	16.3	9.0	Community Center	43.2	34.1	38.8
Don't know/Not sure	7.8	16.3	12.0				
<b>Problems getting Health Care (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>	<b>Which one do you typically go first (%)</b>	<b>37</b>	<b>44</b>	<b>81</b>
(Multiple Response)				(Unit Selection)			
It costs too much / can't afford it	34.8	25.0	30.2	Folk Healer/Medicine Man	8.1	2.3	4.9
Don't trust or like doctors	33.3	12.2	23.0	Psychic/Spiritualist	0.0	0.0	0.0
Provider does not speak your language	23.5	14.6	19.2	Medical Doctor	40.5	54.5	48.1
Treated differently because of your race	23.5	10.2	17.0	Chiropractor	0.0	0.0	0.0
Don't know where to go for help	9.8	12.2	11.0	Pharmacist (non prescription)	0.0	0.0	0.0
Don't have transportation	15.7	18.4	17.0	Hospital Emergency Room	16.2	20.5	18.5
Office hours are inconvenient	8.0	2.0	5.1	Counselor	2.7	0.0	1.2
Long wait time at Doctor's office	29.4	34.7	32.0	Family/Friend/Neighbor	18.9	20.5	19.8
Provider doesn't understand your cultural practices	17.6	14.3	16.0	Nurse/Nurse Practitioner	0.0	0.0	0.0
Takes too long to get appointment	13.7	20.4	17.0	Church or Temple	0.0	0.0	0.0
				Community Center	5.4	2.3	3.7
<b>Has been sick or ill during the past 12 months (%)</b>	<b>51</b>	<b>49</b>	<b>100</b>	Other	8.1	0	3.7
Yes	74.5	89.8	82.0	No Answer			
No	25.5	10.2	18.0				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

#### **4) Race/Ethnicity as a Health Care Barrier**

Respondents were asked if they believed that race or ethnicity is a barrier to receiving health services in their community.

- o Respondents were split about this potential barrier to health care. 8% “strongly agreed” and 36% “agreed” that ethnicity or race was a barrier to receiving services. 35% “disagreed” and 9% “strongly disagreed.”

**Table 3.12: Box Butte County Community Problems, 2003**

	<u>51</u> Male	<u>49</u> Female	<u>100</u> Total		<u>51</u> Male	<u>49</u> Female	<u>100</u> Total
<b>Perceived Degree of Concern</b>							
<b>Housing (%)</b>				<b>Employment (%)</b>			
Not Important	0.0	8.2	4.0	Not Important	2.0	4.1	3.0
Important	21.6	16.3	19.0	Important	13.8	16.3	15.0
Critical/Very Important	70.6	73.5	72.0	Critical/Very Important	84.3	79.5	82.0
Don't know/Refused	7.8	2.0	5.0	Don't know/Refused	0.0	0.0	0.0
<b>Health (including environment health) (%)</b>				<b>Crime/Violence (%)</b>			
Not Important	0.0	4.1	2.0	Not Important	5.9	6.1	6.0
Important	21.5	14.3	18.0	Important	31.4	18.3	25.0
Critical/Very Important	74.5	79.6	77.0	Critical/Very Important	60.8	75.5	68.0
Don't know/Refused	3.9	2.0	3.0	Don't know/Refused	2.0	0.0	1.0
<b>Social/recreational activities (%)</b>				<b>Minority representation in government (%)</b>			
Not Important	9.8	10.2	10.0	Not Important	5.9	6.1	6.0
Important	39.3	28.6	34.0	Important	23.5	12.2	18.0
Critical/Very Important	51.0	59.2	55.0	Critical/Very Important	62.7	77.5	70.0
Don't know/Refused	0.0	2.0	1.0	Don't know/Refused	7.8	4.1	6.0
<b>Education (%)</b>				<b>Transportation (%)</b>			
Not Important	3.9	6.1	5.0	Not Important	2.0	8.2	5.0
Important	23.6	24.5	24.0	Important	47.1	28.6	38.0
Critical/Very Important	70.6	69.4	70.0	Critical/Very Important	51.0	63.2	57.0
Don't know/Refused	2.0	0.0	1.0	Don't know/Refused	0.0	0.0	0.0
<b>Discrimination (%)</b>				<b>At risk youth (%)</b>			
Not Important	5.9	10.2	8.0	Not Important	2.0	6.1	4.0
Important	33.3	22.5	28.0	Important	23.5	20.4	22.0
Critical/Very Important	58.8	67.4	63.0	Critical/Very Important	68.6	71.5	70.0
Don't know/Refused	2.0	0.0	1.0	Don't know/Refused	5.9	2.0	4.0

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## 5) Obstacles to Obtaining Health Care

Survey Respondents reported the following factors significant problems to obtaining health care. In order of ranking they were:

- o Long time waiting at the doctor's office, 32%.
- o It costs too much/can't afford it, 30.2%.
- o Don't trust or like doctors, 23%.
- o Provider does not speak their language, 19.2%.
- o Long time getting appointments, 17%.
- o Don't have transportation, 17%.
- o Treated differently because of race, 17%.
- o Providers do not understand cultural practices, 16%.



- o Don't know where to go for help, 11%.
- o Office hours are inconvenient, 5.1%.

## 6) Help Seeking Behaviors

- o 82% of the respondents reported being sick or ill in the 12 months prior to being interviewed.

Those who had been sick utilized the following resources:

- o 86.4% visited a medical doctor.
- o 55.6% went to a hospital emergency room.
- o 42% sought the help of family member, friend, or neighbor.
- o 32.5% went to a folk healer, *curandero*, or medicine man.
- o 24.7% went to a nurse or nurse practitioner.
- o 19.8% have sought help from a church or temple.
- o The services of pharmacists were used by 42% of respondents.

**Table 3.13: Box Butte County Community & Workplace Concerns, 2003**

	<u>51</u> Male	<u>49</u> Female	<u>100</u> Total		Male	Female	Total
<b>Workplace</b>				<b>Type of work where these experiences occurred (%)</b>			
<u>People who ever worked in Nebraska (%)</u>	<u>51</u>	<u>49</u>	<u>100</u>	(Multiple Responses Allowed)	<u>26</u>	<u>18</u>	<u>44</u>
	80.4	71.4	76.0	Professional	11.5	22.2	15.9
<u>Ever experienced the following concerns in the workplace (%)</u>	<u>41</u>	<u>35</u>	<u>76</u>	Construction	11.5	0.0	6.8
(Multiple Responses Allowed)				Meatpacking	3.8	0.0	2.3
Inadequate bathroom/water breaks	31.7	11.4	22.4	Factory (other than meatpacking)	30.8	5.6	20.5
No easy access to drinking water	29.3	11.4	21.1	Field work (agriculture)	50.0	27.8	40.9
Poor air quality	12.2	5.7	9.2	Other	11.5	50.0	27.3
Inadequate equipment available	7.3	2.9	5.3				
Inadequate medical attention if injured	14.6	5.7	10.5	<b>Preferred language to communicate in when discussing issues of:</b>			
Physical abuse	2.4	0.0	1.3				
Inadequate training/supervisors	17.1	14.3	15.8	<b>School (%)</b>	<u>46</u>	<u>49</u>	<u>100</u>
Verbal abuse	19.5	8.6	14.5	English	76.1	87.8	82.1
Asked to take unnecessary risks	14.6	5.7	10.5	Spanish	15.2	8.2	11.6
Have been cheated in pay	29.3	22.9	26.3	Spanish/English	2.2	0.0	1.1
Other	12.2	11.4	11.8	English/Native Indian	2.2	2.0	2.1
				Lakota	4.3	2.0	3.2
				<b>Work (%)</b>	<u>49</u>	<u>48</u>	<u>97</u>
				English	71.4	85.4	78.4
				Spanish	20.4	8.3	14.4
				Spanish/English	2.0	2.1	2.1
				English/Native Indian	2.0	2.1	2.1
				Lakota	4.1	2.1	3.1

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## H. COMMUNITY PROBLEMS

Respondents were asked to rate 10 issues based on their level of importance in their community using a scale from one to five where one is not important and five is critical. They reported the following issues as critical.

- o Rank 1: Employment, 82%.
- o Rank 2: Health (including environmental health), 77%.
- o Rank 3: Housing, 72%.
- o Rank 4: Education, 70%.
- o Rank 5: Minority representation in government, 70%.
- o Rank 6: At risk youth, 70%.
- o Rank 7: Crime and violence, 68%.
- o Rank 8: Discrimination, 63%.
- o Rank 9: Transportation, 57%.
- o Rank 10: Social and recreational activities, 55%.

## I. WORKPLACE HEALTH CONCERNS/HUMAN RIGHTS

Work can affect an individual's physical and mental health. Respondents were asked to answer two questions related to health issues at work. They were first asked whether they had ever experienced poor working conditions in Nebraska. The second question asked them to identify the type of work they were doing when they experienced these poor working conditions. Their responses were ranked based on frequency among the respondents who worked in Nebraska. The following are issues mentioned, ranked according to importance.

- o Rank 1: Have been cheated in pay, 26.3%.
- o Rank 2: Inadequate bathroom/water breaks, 22.4%.
- o Rank 3: No easy access to drinking water, 21.1%.
- o Rank 4: Inadequate training or poor supervision, 15.8%.
- o Rank 5: Verbal abuse, 14.5%.
- o Rank 6: Asked to take unnecessary risks, 10.5%.
- o Rank 7: Inadequate medical attention, 10.5%.
- o Rank 8: Poor air quality, 9.2%.

- o Rank 9: Inadequate equipment available 5.3%.

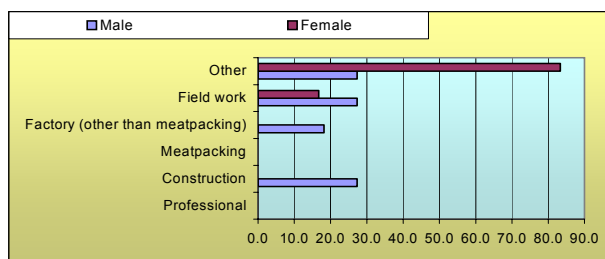
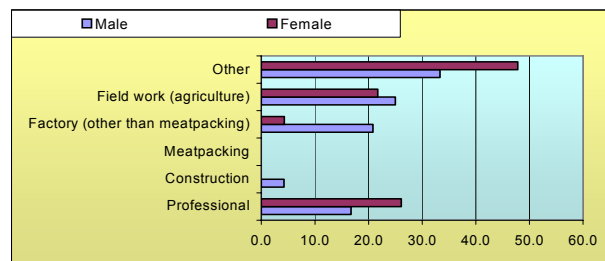
These experiences occurred while respondents were employed in fieldwork (40.9%), non-meatpacking factories (20.5%), professional settings (15.9%), construction (6.8%), meatpacking plants (2.3%), and other job settings (27.3%).

## J. CHAPTER SUMMARY

This chapter summarized findings based on the Box Butte County Minority Behavioral Risk Factor Survey. Specifically, this chapter includes findings about selected characteristics of the sample population, their health status, preventive health services use, and their barriers in accessing the health and medical care system. Finally, the Chapter summarized the findings about respondents concerns regarding community issues and work environment. Chapter IV will provide some conclusions and recommendations that emerged.

**Table 3.14: Box Butte County Immigrant Respondents, Current US Job, & Previous Type of Work in Country of Origin, 2003**

	<u>51</u> Male	<u>49</u> Female	<u>100</u> Total
<b>Born in the USA (%)</b>			
Yes	78.4	87.8	83.0
No	21.6	12.2	17.0
No Answer	0.0	0.0	0.0
<b>Current Type of Work in USA (%)</b>			
	<u>24</u>	<u>23</u>	<u>47</u>
Professional	16.7	26.1	21.3
Construction	4.2	0.0	2.1
Meatpacking	0.0	0.0	0.0
Factory (other than meatpacking)	20.8	4.3	12.8
Field work (agriculture)	25.0	21.7	23.4
Other	33.3	47.8	40.4
<b>Previous Type of Work in Country of Origin (%)</b>			
(If not born in the USA)	<u>11</u>	<u>6</u>	<u>17</u>
Professional	0.0	0.0	0.0
Construction	27.3	0.0	17.6
Meatpacking	0.0	0.0	0.0
Factory (other than meatpacking)	18.2	0.0	11.8
Field work	27.3	16.7	23.5
Other	27.3	83.3	47.1



Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## CHAPTER IV: CONCLUSIONS & RECOMMENDATIONS

*[Note: Caution is needed in the interpretation and meaning of the average age as the study population included only persons of 18 years of age and over, and efforts were made in the sample to include representation of different age groups and gender.]*

- o Box Butte experienced a rapid growth of the minority population, particularly of Hispanic/Latino and Native American origins.
- o In 2003, the survey population in Box Butte County consisted of middle age adults with an average age of 38.5.
- o Due to financial, linguistic, cultural, and institutional barriers, respondents in the survey generally were not accessing the health care system for the use of preventive services (e.g., physical exam, dental and eye care, etc) or for the treatment of illnesses or chronic conditions to the degree recommended.
- o The health of the Hispanics and Native Americans in survey population in Box Butte County varied by age and by specific health risk factor and/or health condition. Serious health disparities existed in health status; access and utilization of preventive services; and lifestyle practices reflected in high consumption of alcohol and tobacco use, and obesity, among other indicators.

## AREAS OF DISPARITY

### Health Status

- o The health of the Box Butte County population was poor, reflected in the prevalence of high blood cholesterol (34.1%), high blood pressure (28%), and sore joints (31%).
- o Episode of illness. A high percentage of the respondents (82%) reported an episode of illness in the previous 12 months.
- o Use of the hospital emergency room. 55.6% of those who had an episode of illness in the previous year used the hospital emergency room for treatment. The high use of the emergency room may be related to the fact that 50% of the respondents reported not having a regular source of medical care and that a number of other barriers were reported in accessing the medical care system.
- o Children's health. Of respondents with children, 21.2% stated that their children had asthma, and 7.7% had been treated for lead poisoning. 27.3% of respondents with children under five years of age said

that they “seldom” or “never” used child protective safety seats for their children five and under, and 46.2% reported smoking in the home or in the car in the presence of children.

### Health Promotion & Lifestyle Practices

- o Obesity. 71.8% of the survey population was either overweight or obese, based on the Body Mass Index (BMI).
- o Physical Activity. 37% reported no physical activity in the previous month. Overweight and obesity is associated with inactivity.
- o Seatbelt Use. There was limited use of seatbelts while driving. The findings indicate that only 24.7% of the respondents “always” used seatbelts. About 40% used seatbelts “sometimes” or “seldom.”
- o Tobacco and Alcohol Use. 61% of the sample population reported some use of tobacco products, and 54% reported some use of alcohol. The respondents who used tobacco products started their use at an average age of 16.9. The mean age for starting regular use of alcohol once per week was 18.6. The mean number of drinks on a drinking day was 4.
- o Disparities in HIV/AIDS knowledge. Knowledge of HIV/AIDS information was relatively high, but many persons still had misconceptions on modes of transmission, such as believing that kissing someone who has AIDS can transmit HIV/AIDS.
- o Disparities in work environment. The survey population reported a number of irregularities and mistreatment in their workplace. Most of the respondents were working in meat- and non-meat packing factories and fieldwork.

### Access to Health Care

- o 17.3% of the respondents were uninsured. The lack of health insurance may be due to a number of factors such as employment status, recent unemployment episodes, and the inability of spouses to add coverage for their family members.
- o Disparities in health insurance coverage existed by gender and ethnicity. 30.8% of men and 4.8% of women were uninsured.
- o 50% of the survey population did not have a regular source of health care. As a result, they were likely not to access medical services for preventive care, and were more likely to use the hospital emergency room for primary or urgent care. Of the 82% of the respondents who were ill in the previous 12 months, the majority (55.6%) used the hospital emergency room for care.
- o Cultural barriers. In addition to a lack of health insurance and a regular source of health care, respondents reported cultural barriers in obtaining care including a lack of trust of health care providers,

health care providers who do not understand cultural practices, being treated differently because of race, and lack of bilingual staff.

- o System barriers. System barriers mentioned by respondents include long wait time at doctor's office (32%), long time to get an appointment (17%), and doctor or clinic hours are inconvenient (5.1%).

### Use of Preventive Health Services

- o Due to financial, cultural, and system barriers in accessing health services, the study population reported low use of preventive health services in the previous 12 months.
- o Only 40% reported a visit to the doctor for a physical examination, 26% had their eyes checked, and 31% visited their dentist.
- o 60% had their blood pressure checked, 41% had their blood cholesterol checked, and 44.8% of those with diabetes saw a doctor for diabetes care.
- o Women's health. 79.6% of the women in the study had a clinical breast examination, 85.4% had a Pap smear (53.7%), and 77.8% of women over age 50 had a mammogram in the past year.

## RECOMMENDATIONS

- o To reduce health disparities, it is important to improve the general levels of education and income, ensure a better distribution of resources and services, and develop mechanisms for preventive care, particularly for young and middle age adults. For this to happen, public and private sector representatives of health and human service agencies must work closely with other key organizations such as the departments of education, housing, economic development, and the environment. These partners are in a position to develop a comprehensive approach to eliminate health disparities and improve the general well-being and quality of life for all in Nebraska.
- o Mass screening programs for the early detection of health problems including diabetes, hypertension, high cholesterol, and other health conditions are needed. More outreach efforts using trained community health workers are needed to address the high percentage of the population reporting that they had not been screened for these conditions for many years. Screening activities must be linked to follow up services.
- o There is a need to develop partnerships with community based health and human service organizations; which include faith communities, labor unions, and businesses. These partnerships need to implement wellness programs that stress personal responsibility in changing lifestyle practices, in addition to developing a comprehensive approach to produce system changes. NHHSS needs to

obtain the cooperation of institutions and organizations including the business sector to work in a coordinated effort to produce the necessary changes that impact community norms and values regarding healthy eating, physical activity, and other health-related behaviors. Programs also have to be family oriented, with active participation of community residents, and with appropriate language and culturally appropriate educational materials.

- o There is a need to reinforce preventive measures that discourage the use of alcohol and tobacco. In Box Butte County, alcohol and tobacco use tends to begin in late adolescence. There is a need to expand current efforts with more financial resources that include massive campaigns with ethnic media to prevent the initiation and encourage the cessation of tobacco and alcohol use and abuse among young people. This effort must be combined with law enforcement activities to eliminate the selling of alcohol and tobacco to minors.
- o Efforts are needed to increase community knowledge and awareness about the importance of using car seatbelts for respondents and their families, and to adhere to laws concerning child safety seats for children under five years of age. Multilingual, low literacy approaches integrating workplace, community, home, and transportation would be appropriate. Part of this campaign should be to educate the community about issues of drinking and driving.
- o The Nebraska Health and Human Services System needs to work closely with other government agencies (e.g., environmental health, civil rights, and others) and the business sector regarding the safety issues reported in the workplace.

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# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



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